

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 109  
 Registered No. 519

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Vernon Orlando Wolfrom { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Feb. 2, 1926  
Month Day Year

**8. FATHER**  
 Full name Eli Aaron Wolfrom

9. Residence Miami, Arizona  
(Usual place of abode)  
 If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Urigue, Utah  
(State or country)

13. Occupation Retailing Business  
 Nature of Industry Spices etc.

20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 5  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

**14. MOTHER**  
 Full maiden name Mabel Bertha Chaffer

15. Residence Miami, Arizona  
(Usual place of abode)  
 If non-resident, give place and state. Arizona

16. Color or race Cauc. 17. Age at last birthday 34 (Years)

18. Birthplace (city or place) Raton, New Mex.  
(State or country)

19. Occupation \_\_\_\_\_  
 Nature of Industry Housewife

21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born at 9 A. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown, M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Feb 10 26 P. O. Finn  
 Registrar Registrar

564-202-435

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.